

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	i					
2		1				
3		1				
4	1					
5		1				
6	1					
7		1				
8	1					
9		1				
10	1					
11		1				
12	1					
13		1				
14	1					
15		1				
16	1					
17		1				
18	1					
19		1				
20	1					
21		1				
22	1					
23		1				
24	1					
25		1				
26	1					
27		1				
28	1					
29	1					
30		1				
31	1					
32		1				
33	1					
34		1				
35	1					
36		1				
37	1					
38		1				
39	1					
40		1				
41	1					
42		1				
43	1					
44		1				
45	1					
46		1				
47	1					
48		1				
49	1					
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56	1					
57		1				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
65		1				
66		1				
67	1					
68		1				
69		1				
70		1				
71		1				
72		1				
73		1				
74		1				
75		1				
76	1					
77		1				
78		1				
79		1				
80	1					
81		1				
82		1				
83	1					
84		1				
85		1				
86		1				
87		1				
88		1				
89		1				
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						